



WyIR School Nurse Enrollment Agreement

The Wyoming Immunization Registry is an Internet-based immunization registry operated by the Wyoming Department of Health (WDH), Immunization Program. Enrolled healthcare providers can obtain immunization information for patients, including tracking and recall. Patient information is confidential and is only available to the authorized users of the registry.

The immunizations records of all children in Wyoming may be included in the system. An individual or parent or guardian may withdraw at any time. Should a parent decide to discontinue Registry participation, the parent must complete a WyIR Opt-Out form. The original copy is maintained in the healthcare provider's office and a copy sent to the Wyoming Immunization Program.

Name of School: _____

Street Address: _____

City: _____

County: _____

Zip: _____

School Facility Type (please circle): School Daycare Head Start

Public (please circle)? Yes No

School District: _____

Phone: () _____ **EXT.** _____

Fax: () _____

Average Attendance: _____

Name of School Administrator: _____

Primary Contact/School Nurse: _____

E-mail of Primary Contact: _____

As a condition of participating in the Wyoming Immunization Registry the above School Administrator enters into this agreement with the Wyoming Department of Health, and agrees to the following:

- To use the Wyoming Immunization Registry only for the immunization needs of students. The School Nurse will access the registry:
 - to assure adequate immunization,
 - to avoid unnecessary immunizations,
 - to confirm compliance with mandatory immunization requirements
 - to control disease outbreaks, or
 - to conduct ongoing or special immunization coverage assessments.
- If this agreement is violated by any use of the registry in an unauthorized manner, WDH reserves the right to terminate access to the registry.
- The School Administrator shall abide by the requirements of the Wyoming Immunization Registry Individual User Agreement; each School Nurse needing access to the Wyoming Immunization Registry must sign the Wyoming Immunization Registry Individual User Agreement, which must be kept with the employee's Personnel File.
- The School Administrator and School Nurse acknowledge that unauthorized disclosure of confidential information may result in civil and/or criminal penalties. The School Administrator will take all reasonable steps to assure employee compliance with confidentiality requirements.
- The School Administrator and School Nurse shall cooperate with WDH in notifying parents or guardians about the system. Brochures and posters will be available at no cost to the Provider.
- The School Nurse shall furnish specified demographic and immunization information about patients receiving immunization on a prompt basis, striving for submission within one week after immunization administration.
- The School Nurse shall allow the parents or guardians to inspect, copy, and if necessary, request an amendment or correction to their own children's immunization records if he/she demonstrates that records is incorrect or incomplete.

Signing this form signifies agreement to be a Wyoming Immunization Registry Program authorized user. Please sign, keep a copy for yourself, and mail the original to the Wyoming Department of Health, Immunization Program, 6101 Yellowstone Road, Suite 420, Cheyenne WY 82002.

Name of School Administrator

Signature of School Administrator

Date

Name of Primary Contact/School Nurse

Signature of Primary Contact/School Nurse

Date

Signature of Wyoming Immunization Registry
Program Manager

Date